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CONFIRMATION NO. 1490

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| <b>SERIAL NUMBER</b><br>09/891,793 | <b>FILING OR 371(c) DATE</b><br>06/26/2001<br><b>RULE</b> | <b>CLASS</b><br>702 | <b>GROUP ART UNIT</b><br>1637 | <b>ATTORNEY DOCKET NO.</b><br>DIBIS-0003US |
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***    **\*\* SMALL ENTITY \*\***  
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|                                                                                                                                          |                               |                             |                           |                                |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no                                                     | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>29 | <b>TOTAL CLAIMS</b><br>35 | <b>INDEPENDENT CLAIMS</b><br>5 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                               |                             |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____                                                                   |                               |                             |                           |                                |

**ADDRESS**

58057

**TITLE**

Secondary structure defining database and methods for determining identity and geographic origin of an unknown bioagent thereby

|                                   |                                                                                                                   |                                                                |
|-----------------------------------|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| <b>FILING FEE RECEIVED</b><br>635 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |                                                                                                                   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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|                                   |                                                                                                                   | <input type="checkbox"/> Other _____                           |
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